

Data Management Report

May 2016

Data Management Report

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A Demographics for HCBS Waiver Recipients

Data Source:

The source of this data is CS Tracking. "Monthly active participants" indicates the # of active cost plans for the last day of the reporting month. The "Unduplicated waiver participants" is a calendar year count of total waiver participants from Jan 1 to the last day of the reporting month. It refers to 1915c HCBS Waiver application(s) which state that DIDD has specified as unduplicated participants as the "maximum number of waiver participants who are served in each year that the waiver is in effect."

Statewide Waiver Monthly Active Participants		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
1	East	1943	1951	1950	1953	1962	1963	1957	1962	1957	1979		
2	Middle	1888	1890	1884	1892	1889	1889	1889	1888	1892	1901		
3	West	1084	1086	1091	1092	1097	1101	1095	1104	1113	1118		
4	Statewide	4915	4927	4925	4937	4948	4953	4941	4954	4962	4998	0	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Approved waiver participants per calendar year.		5072	5072	5072	5072	5072	5072	5072	5072	5072	5072	5072	5072
5	Unduplicated waiver participants.	4947	4976	4981	4998	5024	5043	4967	4989	5019	5052		
6	# of slots remaining for calendar year	125	96	91	74	48	29	105	83	53	20	5072	5072

CAC Waiver Monthly Active Participants		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
7	East	515	518	515	513	514	509	508	506	505	500		
8	Middle	554	551	549	551	550	544	542	541	538	538		
9	West	747	748	748	745	744	742	740	744	743	738		
10	Statewide	1816	1817	1812	1809	1808	1795	1790	1791	1786	1776	0	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
11	Approved waiver participants per calendar year.	1923	1923	1923	1923	1923	1923	1923	1923	1923	1923	1923	1923
12	Unduplicated waiver participants.	1828	1830	1831	1833	1838	1838	1797	1801	1801	1802		
13	# of slots remaining for calendar year	95	93	92	90	85	85	126	122	122	121	1923	1923

SD Waiver Monthly Active Participants		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
14	East	386	389	396	396	402	405	405	412	406	408		
15	Middle	441	443	449	451	456	457	456	460	459	460		
16	West	337	335	337	339	339	338	342	341	345	347		
17	Statewide	1164	1167	1182	1186	1197	1200	1203	1213	1210	1215	0	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
18	Approved waiver participants per calendar year.	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802
19	Unduplicated waiver participants.	1202	1215	1234	1247	1259	1266	1212	1228	1241	1253		
20	# of slots remaining for calendar year	600	587	568	555	543	536	590	574	561	549		

The Census for "Full State Funded Services" means the person only receives state funded services, without waiver or ICF funded services. This does not include class members receiving state funded ISC services who reside in nursing facilities.

DIDD Demographics Full State Funded (CS Tracking)		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
21	East	4	4	4	4	4	4	4	4	4	4		
22	Middle	1	1	1	1	1	1	1	1	1	1		
23	West	1	1	1	1	1	1	1	1	1	1		
24	HJC FAU (Forensic)	6	5	5	5	5	5	3	5	5	6		
25	HJC BSU (Behavior)	4	4	4	4	3	4	4	4	4	3		
26	Statewide	16	15	15	15	14	15	13	15	15	15	0	0

The Census in the table below represents members of a protected class who are in a private ICF/IID facility and receive DIDD state funded ISC services.

DIDD recipients in private ICF/IID receiving state funded ISC srvs		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
27	East	63	63	64	64	61	63	62	62	61	61		
28	Middle	32	30	32	36	39	40	39	40	39	39		
29	West	0	0	0	0	0	0	0	0	0	0		
30	Statewide	95	93	96	100	100	103	101	102	100	100	0	0

Developmental Center census		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
31	GVDC	86	84	81	75	68	68	68	67	66	64		
32	CBDC	15	6	6	6	0	0	0	0	0	0		
33	HJC- Day One (ICF)	5	6	6	6	6	6	6	5	5	6		
34	Total	106	96	93	87	74	74	74	72	71	70	0	0

DIDD community homes ICF/IID census		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
35	East	63	63	63	63	63	61	61	61	63	63		
36	Middle	18	28	28	28	34	34	34	35	35	35		
37	West	48	48	48	48	48	48	48	46	47	46		
38	TOTAL	129	139	139	139	145	143	143	142	145	144	0	0

DIDD SERVICE CENSUS*		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
39	Total receiving DIDD funded services	8241	8254	8262	8273	8286	8283	8265	8289	8289	8318	0	0

*Note: Persons NOT included in this Census are those in Private ICF/IID facilities who do not receive any PAID DIDD service and persons receiving Family Support Services.

Census by Region	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
East	3060	3072	3073	3068	3074	3073	3065	3074	3062	3079		
Middle	2964	2964	2964	2980	2983	2980	2974	2979	2978	2989		
West	2217	2218	2225	2225	2229	2230	2226	2236	2249	2250		
Total	8241	8254	8262	8273	8286	8283	8265	8289	8289	8318		

A Waiver Enrollment Report

Data Source:

The figures represented in this section are pulled directly from the Community Services Tracking system. Enrollment figures may be updated monthly as there is a 2 month window of time in which enrollments are entered into the CST system. Disenrollment data is also based on queries pulled from CST and may also have a window of adjustment for data entry.

ALL Waiver Enrollments													
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
1 CAC	1	2	1	2	5	0	2	3	0	1			17
2 SD Waiver	12	13	19	13	12	7	13	14	13	12			128
3 Statewide Waiver	23	20	15	18	26	19	9	22	29	33			214
4 Total Waiver Enrollments	36	35	35	33	43	26	24	39	42	46	0	0	359
CAC Waiver Enrollments													
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
6 East	1	2	0	1	4	0	0	0	0	1			9
7 Middle	0	0	1	0	1	0	2	0	0	0			4
8 West	0	0	0	1	0	0	0	3	0	0			4
9 Grand Total CAC Waiver	1	2	1	2	5	0	2	3	0	1	0	0	17
SD Waiver Enrollments													
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
10 East	3	5	7	3	6	4	6	9	1	6			50
11 Middle	6	6	7	5	5	3	2	3	4	3			44
12 West	3	2	5	5	1	0	5	2	8	3			34
13 Grand Total SD Waiver	12	13	19	13	12	7	13	14	13	12	0	0	128
SD Waiver Aging Caregiver													
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
Aging Caregiver is included in Total SD Waiver Count Above													
East	0	2	2	0	2	2	3	4	0	4			19
Middle	0	1	0	2	1	0	0	0	1	0			5
West	0	1	2	0	1	0	2	0	1	0			7
Total	0	4	4	2	4	2	5	4	2	4	0	0	31
Statewide Waiver Enrollments by Referral Source													
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
14 Crisis													
East	5	2	3	1	11	2	1	5	5	6			41
15 Middle	2	6	4	4	2	1	6	3	3	3			34
16 West	3	5	4	3	1	5	0	5	4	6			36
17 Total	10	13	11	8	14	8	7	13	12	15	0	0	111
Secondary Enrollment Source of Crisis:													
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
18 APS													
East	0	1	0	1	1	0	0	0	0	1			4
19 Middle	0	1	1	0	0	0	0	0	0	0			2
20 West	0	0	0	1	0	0	0	0	0	0			1
21 Total	0	2	1	2	1	0	0	0	0	1	0	0	7
22 CHOICES													
East	0	0	0	0	0	0	0	0	0	0			0
23 Middle	0	0	1	0	0	0	0	0	0	0			1
24 West	0	0	0	0	0	0	0	0	0	0			0
25 Total	0	0	1	0	0	0	0	0	0	0	0	0	1
CORRECTIONAL FACILITY													
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
26 East	0	0	0	0	0	0	0	0	0	0			0
27 Middle	0	0	0	0	0	0	0	0	0	0			0
28 West	0	0	1	0	0	0	0	1	0	1			3
29 Total	0	0	1	0	0	0	0	1	0	1	0	0	3

	DCS Enrollments	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
30	East	1	0	0	1	2	2	1	2	0	0			9
31	Middle	4	0	0	0	0	0	0	0	2	2			8
32	West	0	1	1	2	1	0	0	0	2	0			7
33	Total	5	1	1	3	3	2	1	2	4	2	0	0	24
	DC Transitions into Statewide	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
34	GVDC	0	0	0	0	0	0	0	0	0	0			0
35	HJC	0	0	0	0	0	0	0	0	0	0			0
36	Total	0	0	0	0	0	0	0	0	0	0	0	0	0
	ICF Transfer Enrollments	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
37	East	1	1	0	0	0	0	0	0	0	0			2
38	Middle	0	0	0	0	0	0	0	0	0	0			0
39	West	1	0	0	0	3	0	0	0	1	0			5
40	Total	2	1	0	0	3	0	0	0	1	0	0	0	7
	MH Enrollments	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
41	East	1	1	0	1	0	0	0	1	1	1			6
42	Middle	0	0	0	1	0	1	0	0	0	2			4
43	West	0	0	1	2	2	2	0	0	1	2			10
44	Total	1	1	1	4	2	3	0	1	2	5	0	0	20
	PASRR NON NF	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
45	East	0	0	0	0	0	1	0	1	0	0			2
46	Middle	0	0	0	0	0	0	0	0	0	0			0
47	West	0	0	0	0	0	0	0	0	0	0			0
48	Total	0	0	0	0	0	1	0	1	0	0	0	0	2
	PASRR in NF	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
49	East	1	0	0	1	0	1	0	1	0	0			
50	Middle	2	0	0	0	0	2	0	0	0	2			
51	West	0	0	0	0	0	0	0	0	0	0			
52	Total	3	0	0	1	0	3	0	1	0	2	0	0	10
	SD Waiver Transfers	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
53	East	1	0	1	0	1	0	0	2	6	6			17
54	Middle	0	3	0	1	2	1	1	0	2	2			12
55	West	1	1	1	1	1	1	0	2	2	1			11
56	Total	2	4	2	2	4	2	1	4	10	9	0	0	40
	Total by Region	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
57	East	10	4	4	4	14	6	2	12	12	13			81
58	Middle	8	9	4	6	4	5	7	3	7	11			64
59	West	5	7	7	8	8	8	0	7	10	9			69
60	Grand Total Statewide Waiver	23	20	15	18	26	19	9	22	29	33	0	0	214

Analysis

There were 46 waiver enrollments for April 2016. Twelve people enrolled into the SD waiver, of those, four were under the Aging Caregiver bill. Thirty-three people enrolled into the Statewide waiver. There was one CAC enrollment.

B Waiver Disenrollments

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
CAC Waiver													
61 Voluntary	0	0	1	0	0	0	0	0	0	1			2
62 Involuntary- Death	4	3	5	8	6	9	7	3	4	8			57
63 Involuntary- Safety	0	0	0	0	0	0	0	0	0	0			0
64 Involuntary- Incarceration	0	0	0	0	0	0	0	0	0	0			0
65 Involuntary- NF > 90 Days	0	0	0	0	0	1	0	0	0	0			1
66 Involuntary- Out of State	0	0	0	0	0	0	0	0	0	0			0
67 Total Disenrolled	4	3	6	8	6	10	7	3	4	9	0	0	60
SD Waiver													
68 Voluntary	1	0	3	0	0	4	3	5	11	9			36
69 Involuntary- Death	0	1	2	0	1	0	0	1	1	0			6
70 Involuntary- Safety	0	0	0	0	0	0	0	0	0	0			0
71 Involuntary- Incarceration	0	0	0	0	0	0	0	0	0	0			0
72 Involuntary- NF > 90 Days	0	0	0	1	0	1	0	0	0	0			2
73 Involuntary- Out of State	0	1	1	1	1	0	0	0	0	0			4
74 Total Disenrolled	1	2	6	2	2	5	3	6	12	9	0	0	48
Statewide Waiver													
75 Voluntary	4	0	0	1	2	1	2	3	3	2			18
76 Involuntary- Death	6	6	10	4	9	9	12	12	7	5			80
77 Involuntary- Safety	0	0	0	0	0	0	0	0	0	0			0
78 Involuntary- Incarceration	0	0	0	0	0	0	0	0	0	0			0
79 Involuntary- NF > 90 Days	0	0	0	0	0	0	0	0	0	0			0
80 Involuntary- Out of State	0	2	0	2	0	0	0	0	0	0			4
81 Total Disenrolled	10	8	10	7	11	10	14	15	10	7	0	0	102
82 Total Waiver Disenrollments:	15	13	22	17	19	25	24	24	26	25	0	0	210

Analysis:

For April 2016, there were 25 waiver discharges. Nine people were discharged from the CAC waiver. In the SD waiver, nine people were discharged due to a transfer to the Statewide Waiver. The Statewide waiver had seven discharges.

C Developmental Center-to-Community Transitions Report

Census reflects the number of people in the facility on the last day of the month.

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
Greene Valley													
83 Census [June 2015 88]	86	83	81	75	68	68	68	67	66	64			
Discharges													
84 Death	0	0	0	1	0	0	0	1	1	1			4
85 Transition to another dev center	0	0	0	0	0	0	0	0	0	0			0
86 Transition to community state ICF	0	0	1	0	0	0	0	0	0	0			1
87 Transition to private ICF	1	1	1	4	3	0	0	0	0	0			10
88 Transition to waiver program	1	2	0	1	4	0	0	0	0	1			9
89 Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0	0			0
90 Total Discharges	2	3	2	6	7	0	0	1	1	2	0	0	24
Clover Bottom													
91 Census [June 2015 18]	16	6	6	6	0	0	0	0	0	0	0	0	
Discharges													
92 Death	0	0	0	0	0	0	0	0	0	0	0	0	0
93 Transition to another dev center	0	0	0	0	0	0	0	0	0	0	0	0	0
94 Transition to community state ICF	2	10	0	0	6	0	0	0	0	0	0	0	18
95 Transition to private ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
96 Transition to waiver program	0	0	0	0	0	0	0	0	0	0	0	0	0
97 Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0	0	0	0	0
98 Total Discharges	2	10	0	0	0	0	0	0	0	0	0	0	12
Harold Jordan Center													
99 Census [June 2015 14]	15	15	15	15	14	15	13	14	14	16			
Admissions													
100 HJC Day One (ICF)	0	1	0	0	0	0	0	0	0	0			1
101 HJC FAU (SF)	1	0	0	0	1	0	0	2	0	0			4
102 HJC BSU (SF)	0	0	1	0	1	1	0	0	0	1			4
103 Total Admissions	1	1	1	0	2	1	0	2	0	1			9
Discharges													
104 Death	0	0	0	0	0	0	0	0	0	0			0
105 Transition to community state ICF	0	0	0	0	0	0	0	0	0	0			0
106 Transition to private ICF	0	0	0	0	0	0	0	0	0	0			0
107 Transition to waiver program	0	1	1	0	1	0	2	1	0	0			6
108 Transition back to community	0	0	0	0	0	0	0	0	0	0			0
109 Total Discharges	0	1	1	0	1	0	2	1	0	0			6
East Public ICF Homes													
110 Census [June 2015 63]	63	63	63	63	63	61	61	61	63	63			
111 Admissions	0	0	1	0	0	0	0	0	2	0			3
Discharges													
112 Death	0	0	1	0	0	2	0	0	0	0			3
113 Transition to another dev center	0	0	0	0	0	0	0	0	0	0			0
114 Transition to community state ICF	0	0	0	0	0	0	0	0	0	0			0
115 Transition to private ICF	0	0	0	0	0	0	0	0	0	0			0
116 Transition to waiver program	0	0	0	0	0	0	0	0	0	0			0
117 Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0	0			0
118 Total Discharges	0	0	1	0	0	2	0	0	0	0			3

Middle Public ICF Homes		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
119	Census [June 2015 16]	18	28	28	28	34	34	34	35	35	35			
120	Admissions	2	10	0	0	6	0	0	1	1	0			8
Discharges														
121	Death	0	0	0	0	0	0	0	0	1	0			1
122	Transition to another dev center	0	0	0	0	0	0	0	0	0	0			0
123	Transition to public state ICF	0	0	0	0	0	0	0	0	0	0			0
124	Transition to private ICF	0	0	0	0	0	0	0	0	0	0			0
125	Transition to waiver program	0	0	0	0	0	0	0	0	0	0			0
126	Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0	0			0
127	Total Discharges	0	0	0	0	0	0	0	0	1	0			1
West Public ICF Homes		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
128	Census [June 2015 47]	48	48	48	48	48	48	48	46	47	46			
129	Admissions	0	0	0	0	0	0	0	0	1	0			1
Discharges														
130	Death	0	0	0	0	0	0	0	2	0	1			3
131	Transition to another dev center	0	0	0	0	0	0	0	0	0	0			0
132	Transition to public state ICF	0	0	0	0	0	0	0	0	0	0			0
133	Transition to private ICF	0	0	0	0	0	0	0	0	0	0			0
134	Transition to waiver program	0	0	0	0	0	0	0	0	0	0			0
135	Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0	0			0
136	Total Discharges	0	0	0	0	0	0	0	2	0	1			3

Analysis:

There were two discharges at GVDC leaving the census at 64. There was one admission to the Day 1 unit at HJC giving a new census of 15. The West Community Homes had one discharge for a new census of 46. ETCH and MTCH remained the same at 63 and 35 respectively.

STATEWIDE DATA	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
# of Crisis cases	92	95	78	81	80	80	83	76	88	111	0	0
# of Urgent cases	407	396	398	396	384	376	377	371	372	369	0	0
# of Active cases	3766	3694	3651	3571	3542	3474	3433	3378	3276	3147	0	0
# of Deferred cases	1975	2002	2030	2062	2085	2135	2146	2143	2182	2186	0	0
Wait List Total	6240	6187	6157	6110	6091	6065	6039	5968	5918	5813	0	0
June 2015 - 6277												
Monthly net effect	-37	-53	-30	-47	-19	-26	-26	-71	-50	-105		0

Additions													FY Total
Crisis cases added	11	10	5	3	15	6	3	4	11	9	0	0	77
Urgent cases added	15	12	14	14	13	13	6	14	14	15	0	0	130
Active cases added	23	23	19	18	16	20	16	21	19	25	0	0	200
Deferred cases added	16	10	12	12	15	10	7	11	25	15	0	0	133
Total # Added	65	55	50	47	59	49	32	50	69	64	0	0	540

Removals													
For Enrollment into the SD Waiver	8	10	19	13	21	6	14	14	12	12	0	0	129
For Enrollment into the Statewide Waiver	16	19	15	15	28	17	7	20	18	25	0	0	180
For Enrollment into the CAC Waiver	0	0	0	0	1	0	0	2	0	0	0	0	3
Moved into a Private ICF home	3	1	2	0	0	1	0	2	1	0	0	0	10
Moved into DIDD ICF home	0	0	0	0	0	0	0	0	1	1	0	0	2
Deceased	5	4	7	1	1	3	6	3	3	2	0	0	35
Moved out of state	4	3	4	3	3	6	2	1	0	1	0	0	27
Not eligible for services	0	2	1	0	1	1	1	1	1	0	0	0	8
Other	0	1	0	1	2	1	1	1	1	3	0	0	11
Receiving other funded services	1	0	1	0	1	0	1	0	0	2	0	0	6
Requested to be removed	2	6	3	1	7	6	3	2	4	2	0	0	36
Unable to locate	64	62	28	60	13	34	23	75	78	121	0	0	558
Total Number Removed this Month	103	108	80	94	78	75	58	121	119	169	0	0	1,005

Comparison	East	Middle	West	Statewide	Added	East	Middle	West	Statewide
Crisis	38	44	29	111	Crisis	4	5	0	9
Urgent	217	133	19	369	Urgent	4	5	6	15
Active	1219	985	943	3147	Active	13	2	10	25
Deferred	689	740	757	2186	Deferred	6	4	5	15
WLT Total	2163	1902	1748	5813	WLT Total	27	16	21	64

EAST REGION DATA	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
# of Crisis cases	31	25	21	27	27	29	31	19	27	38		
# of Urgent cases	217	217	227	230	223	221	216	220	217	217		
# of Active cases	1309	1279	1269	1225	1218	1218	1218	1219	1222	1219		
# of Deferred cases	682	684	686	688	689	689	687	686	689	689		
Wait List Total	2239	2205	2203	2170	2157	2157	2152	2144	2155	2163	0	0
June 2015 - 2259												
Net effect on Grand Total List	-20	-34	-2	-33	-13	0	-5	-8	11	8		0

Additions	FY Total											
# of Crisis cases added	3	3	3	1	5	2	1	3	2	4		27
# of Urgent cases added	7	6	8	11	4	4	4	8	8	4		64
# of Active cases added	10	12	8	8	5	10	8	7	7	13		88
# of Deferred cases added	8	5	5	9	4	3	1	2	6	6		49
Total # Added to the Wait List	28	26	24	29	18	19	14	20	23	27	0	228

Removals												
For Enrollment into the SD Waiver	3	5	7	3	6	4	5	9	1	6		49
For Enrollment into the Statewide Waiver	10	8	3	5	12	7	2	12	6	8		73
For Enrollment into the CAC Waiver	0	0	0	0	0	0	0	0	0	0		0
Moved into Private ICF home	1	0	1	0	0	1	0	0	1	0		4

Moved into DIDD ICF home	0	0	0	0	0	0	0	0	0	1	0			1
Deceased	2	3	2	0	1	1	2	1	1	1	1			14
Moved out of state	1	0	1	3	3	4	0	0	0	0	1			13
Not eligible for services	0	1	1	0	1	1	0	1	0	0	0			5
Other	0	0	0	0	0	0	0	0	0	0	0			0
Receiving other funded services	0	0	0	0	0	0	1	0	0	0	0			1
Requested to be removed	0	0	0	0	0	1	2	0	2	0	0			5
Unable to locate	32	43	11	52	8	0	6	3	1	4				160
Total Number Removed this Month	49	60	26	63	31	19	18	26	13	20	0	0		325
MIDDLE REGION DATA	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16		
# of Crisis cases	46	47	41	41	37	37	34	38	37	44				
# of Urgent cases	174	165	156	159	159	152	152	144	144	133				
# of Active cases	1202	1166	1161	1155	1154	1109	1101	1055	1032	985				
# of Deferred cases	654	683	686	685	685	730	733	727	735	740				
Wait List Total	2076	2061	2044	2040	2035	2028	2020	1964	1948	1902	0	0		
June 2015 -2100														
Net effect on Grand Total List	-24	-15	-17	-4	-5	-7	-8	-56	-16	-46				0
Additions														FY Total
# of Crisis cases added	5	4	1	1	5	3	1	1	1	5				27
# of Urgent cases added	3	5	4	3	8	6	1	4	4	5				43
# of Active cases added	2	4	3	5	4	6	5	1	7	2				39
# of Deferred cases added	2	4	3	0	2	5	3	3	6	4				32
Total # Added to the Wait List	12	17	11	9	19	20	10	9	18	16	0	0		141
Removals														
For Enrollment into the SD Waiver	1	3	6	7	13	2	3	3	3	3				44
For Enrollment into the Statewide Waiver	3	9	6	5	8	4	5	3	4	8				55
For Enrollment into the CAC Waiver	0	0	0	0	1	0	0	0	0	0				1
Moved into Private ICF home	1	1	0	0	0	0	0	2	0	0				4
Moved into DIDD ICF home	0	0	0	0	0	0	0	0	0	0				0
Deceased	2	1	3	0	0	2	2	0	2	1				13
Moved out of state	3	1	1	0	0	2	1	1	0	0				9
Not eligible for services	0	1	0	0	0	0	1	0	0	0				2
Other	0	0	0	0	1	0	1	1	1	1				5
Receiving other funded services	0	0	0	0	0	0	0	0	0	1				1
Requested to be removed	1	3	2	1	1	4	1	1	2	0				16
Unable to locate	24	14	10	0	0	13	6	56	21	46				190
Total Number Removed this Month	35	33	28	13	24	27	20	67	33	60	0	0		340

WEST REGION DATA	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
# of Crisis cases	15	23	16	13	16	14	18	19	24	29		
# of Urgent cases	16	14	15	7	2	3	9	7	11	19		
# of Active cases	1255	1249	1221	1191	1170	1147	1114	1104	1022	943		
# of Deferred cases	639	635	658	689	711	716	726	730	758	757		
Wait List Total	1925	1921	1910	1900	1899	1880	1867	1860	1815	1748	0	0

June 2015 -1918

Net effect on Grand Total List	7	-4	-11	-10	-1	-19	-13	-7	-45	-67		0
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Additions

													FY Total
# of Crisis cases added	3	3	1	1	5	1	1	0	8	0			23
# of Urgent cases added	5	1	2	0	1	3	1	2	2	6			23
# of Active cases added	11	7	8	5	7	4	3	13	5	10			73
# of Deferred cases added	6	1	4	3	9	2	3	6	13	5			52
Total # Added to the Wait List	25	12	15	9	22	10	8	21	28	21	0	0	171

Removals

For Enrollment into the SD Waiver	4	2	6	3	2	0	6	2	8	3			36
For Enrollment into the Statewide Waiver	3	2	6	5	8	6	0	5	8	9			52
For Enrollment into the CAC Waiver	0	0	0	0	0	0	0	2	0	0			2
Moved into Private ICF home	1	0	1	0	0	0	0	0	0	0			2
Moved into DIDD ICF home	0	0	0	0	0	0	0	0	0	1			1
Deceased	1	0	2	1	0	0	2	2	0	0			8
Moved out of state	0	2	2	0	0	0	1	0	0	0			5
Not eligible for services	0	0	0	0	0	0	0	0	1	0			1
Other	0	1	0	1	1	1	0	0	0	2			6
Receiving other funded services	1	0	1	0	1	0	0	0	0	1			4
Requested to be removed	1	3	1	0	6	1	0	1	0	2			15
Unable to locate	8	5	7	8	5	21	11	16	56	71			208
Total Number Removed this Month	19	15	26	18	23	29	20	28	73	89	0	0	340

D Protection From Harm/ Complaint Resolution

Data Source:

Each Regional Office inputs all complaints information into COSMOS as each complaint is received. Every month a data report is generated which includes Complaint Information captured by each complaint type and the source of each complaint. The data will be presented by waiver instead of by region.

Complaints by Source- Self Determination Waiver	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
1 Total # of Complaints	0	1	1	0	0	1	0	1	0	0		
2 # from TennCare	0	0	0	0	0	0	0	0	0	0		
3 % from TennCare	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
4 # from a Concerned Citizen	0	0	0	0	0	0	0	1	0	0		
5 % from a Concerned Citizen	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A		
6 # from the Waiver Participant	0	0	0	0	0	0	0	0	0	0		
7 % from the Waiver Participant	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
8 # from a Family Member	0	1	1	0	0	0	0	0	0	0		
9 % from a Family Member	N/A	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
10 # from Conservator	0	0	0	0	0	1	0	0	0	0		
11 % from Conservator	N/A	N/A	0%	N/A	N/A	100%	N/A	N/A	N/A	N/A		
13 # Advocate (Paid)	0	0	0	0	0	0	0	0	0	0		
14 % from Advocate (Paid)	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
15 # from PTP Interview	0	0	0	0	0	0	0	0	0	0		
16 % from PTP Interview	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		

Complaints by Source - Statewide Waiver	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
17 Total # of Complaints	3	12	6	6	7	2	5	5	15	4		
18 # from TennCare	0	0	0	0	0	0	0	0	0	0		
19 % from TennCare	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
20 # from a Concerned Citizen	0	0	3	1	0	1	0	0	4	0		
21 % from a Concerned Citizen	N/A	N/A	50%	17%	N/A	50%	N/A	N/A	27%	N/A		
22 # from the Waiver Participant	1	0	0	0	1	0	0	0	0	0		
23 % from the Waiver Participant	33%	N/A	N/A	N/A	14%	N/A	N/A	N/A	N/A	N/A		
24 # from a Family Member	0	1	1	4	2	1	2	1	7	2		
25 % from a Family Member	N/A	8%	17%	67%	29%	50%	40%	20%	47%	50%		
26 # from Conservator	1	11	2	1	0	0	3	4	4	2		
27 % from Conservator	33%	92%	33%	17%	N/A	N/A	60%	80%	27%	50%		
28 # Advocate (Paid)	0	0	0	0	0	0	0	0	0	0		
29 % from Advocate (Paid)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
30 # from PTP Interview	1	0	0	0	4	0	0	0	0	0		
31 % from PTP Interview	33%	N/A	N/A	N/A	57%	N/A	N/A	N/A	N/A	N/A		

Complaints by Source - CAC	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
32 Total # of Complaints	1	2	6	2	3	5	5	17	0	11		
33 # from TennCare	0	0	0	0	0	0	0	0	0	0		
34 % from TennCare	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%		
35 # from a Concerned Citizen	0	1	2	2	0	1	1	0	0	4		
36 % from a Concerned Citizen	N/A	50%	33%	100%	N/A	20%	20%	N/A	N/A	36%		
37 # from the Waiver Participant	0	0	1	0	0	0	1	0	0	3		
38 % from the Waiver Participant	N/A	N/A	17%	N/A	N/A	N/A	20%	N/A	N/A	27%		
39 # from a Family Member	0	0	1	0	0	0	1	3	0	0		
40 % from a Family Member	N/A	N/A	17%	N/A	N/A	N/A	20%	18%	N/A	0%		
41 # from Conservator	1	1	2	0	2	4	2	13	0	4		
42 % from Conservator	100%	50%	33%	N/A	67%	80%	40%	76%	N/A	36%		
43 # Advocate (Paid)	0	0	0	0	1	0	0	0	0	0		
44 % from Advocate (Paid)	N/A	N/A	N/A	N/A	33%	N/A	N/A	N/A	N/A	0%		
45 # from PTP Interview	0	0	0	0	0	0	0	1	0	0		
46 % from PTP Interview	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6%	N/A	0%		

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Complaints by Issue- Self Determination Waiver												
47 Total Number of Complaints	0	1	1	0	0	1	0	1	0	0		
48 # Behavior Issues	0	0	0	0	0	0	0	0	0	0		
49 % Behavior Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
50 # Day Service Issues	0	0	0	0	0	0	0	0	0	0		
51 % Day Service Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
52 # Environmental Issues	0	0	0	0	0	0	0	0	0	0		
53 % Environmental Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
54 # Financial Issues	0	0	0	0	0	0	0	0	0	0		
55 % Financial Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
56 # Health Issues	0	0	1	0	0	0	0	0	0	0		
57 % Health Issues	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
58 # Human Rights Issues	0	1	0	0	0	0	0	1	0	0		
59 % Human Rights Issues	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A		
60 # ISC Issues	0	0	0	0	0	0	0	0	0	0		
61 % ISC Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
62 # ISP Issues	0	0	0	0	0	0	0	0	0	0		
63 % ISP Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
64 # Staffing Issues	0	0	0	0	0	1	0	0	0	0		
65 % Staffing Issues	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A		
66 # Therapy Issues	0	0	0	0	0	0	0	0	0	0		
67 % Therapy Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
68 # Transportation Issues	0	0	0	0	0	0	0	0	0	0		
69 % Transportation Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
70 # Case Management Issues	0	0	0	0	0	0	0	0	0	0		
71 % Case Management Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
72 # Other Issues	0	0	0	0	0	0	0	0	0	0		
73 % Other Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Complaints by Issue - Statewide Waiver												
74 Total Number of Complaints	3	12	6	6	7	2	5	5	15	4		
75 # Behavior Issues	0	0	0	0	0	0	0	0	0	0		
76 % Behavior Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
77 # Day Service Issues	0	0	0	0	0	1	0	0	0	1		
78 % Day Service Issues	N/A	N/A	N/A	N/A	N/A	50%	N/A	N/A	N/A	25%		
79 # Environmental Issues	0	0	0	2	1	0	0	1	2	0		
80 % Environmental Issues	N/A	N/A	N/A	33%	14%	N/A	N/A	20%	13%	N/A		
81 # Financial Issues	0	3	1	1	0	0	2	0	4	0		
82 % Financial Issues	N/A	25%	17%	17%	N/A	N/A	40%	0%	27%	N/A		
83 # Health Issues	0	1	0	0	0	0	1	0	1	0		
84 % Health Issues	N/A	8%	N/A	N/A	N/A	N/A	20%	N/A	7%	N/A		
85 # Human Rights Issues	2	2	1	0	2	1	0	1	3	1		
86 % Human Rights Issues	67%	17%	17%	N/A	29%	50%	N/A	20%	20%	25%		
87 # ISC Issues	0	0	0	0	0	0	0	0	0	0		
88 % ISC Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
89 # ISP Issues	0	0	0	0	1	0	0	0	0	0		
90 % ISP Issues	N/A	N/A	N/A	N/A	14%	N/A	N/A	N/A	N/A	N/A		
91 # Staffing Issues	1	6	4	3	3	0	2	3	4	2		
92 % Staffing Issues	33%	50%	67%	50%	43%	N/A	40%	60%	27%	50%		
93 # Therapy Issues	0	0	0	0	0	0	0	0	0	0		
94 % Therapy Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
95 # Transportation Issues	0	0	0	0	0	0	0	0	1	0		
96 % Transportation Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	7%	N/A		
97 # Case Management Issues	0	0	0	0	0	0	0	0	0	0		
98 % Case Management Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
99 # Other Issues	0	0	0	0	0	0	0	0	0	0		
100 % Other Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		

Complaints by Issue - CAC		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
101	Total Number of Complaints	1	2	6	2	3	5	5	17	0	11		
102	# Behavior Issues	0	0	0	0	0	0	1	0	0	4		
103	% Behavior Issues	N/A	N/A	N/A	N/A	N/A	N/A	20%	N/A	N/A	36%		
104	# Day Service Issues	0	0	0	0	0	0	0	1	0	0		
105	% Day Service Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6%	N/A	N/A		
106	# Environmental Issues	0	0	0	0	1	0	1	5	0	0		
107	% Environmental Issues	N/A	N/A	N/A	N/A	33%	N/A	20%	29%	N/A	N/A		
108	# Financial Issues	0	0	1	1	0	1	0	1	0	2		
109	% Financial Issues	N/A	N/A	17%	50%	N/A	20%	N/A	6%	N/A	18%		
110	# Health Issues	0	0	1	0	0	0	1	2	0	0		
111	% Health Issues	N/A	N/A	17%	N/A	N/A	N/A	20%	12%	N/A	N/A		
112	# Human Rights Issues	0	0	3	0	0	0	1	1	0	1		
113	% Human Rights Issues	N/A	N/A	50%	N/A	N/A	N/A	20%	6%	N/A	9%		
114	# ISC Issues	0	0	0	0	0	0	0	0	0	0		
115	% ISC Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
116	# ISP Issues	0	0	0	0	0	0	0	0	0	0		
117	% ISP Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
118	# Staffing Issues	1	2	1	1	2	4	1	6	0	4		
119	% Staffing Issues	100%	100%	17%	50%	67%	80%	20%	35%	N/A	36%		
120	# Therapy Issues	0	0	0	0	1	0	0	0	0	0		
121	% Therapy Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
122	# Transportation Issues	0	0	0	0	1	0	0	1	0	0		
123	% Transportation Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6%	N/A	N/A		
124	# Case Management Issues	0	0	0	0	1	0	0	0	0	0		
125	% Case Management Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
126	# Other Issues	0	0	0	0	1	0	0	0	0	0		
127	% Other Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		

Analysis:

CUSTOMER FOCUSED SERVICES ANALYSIS FOR March 2016 Report.

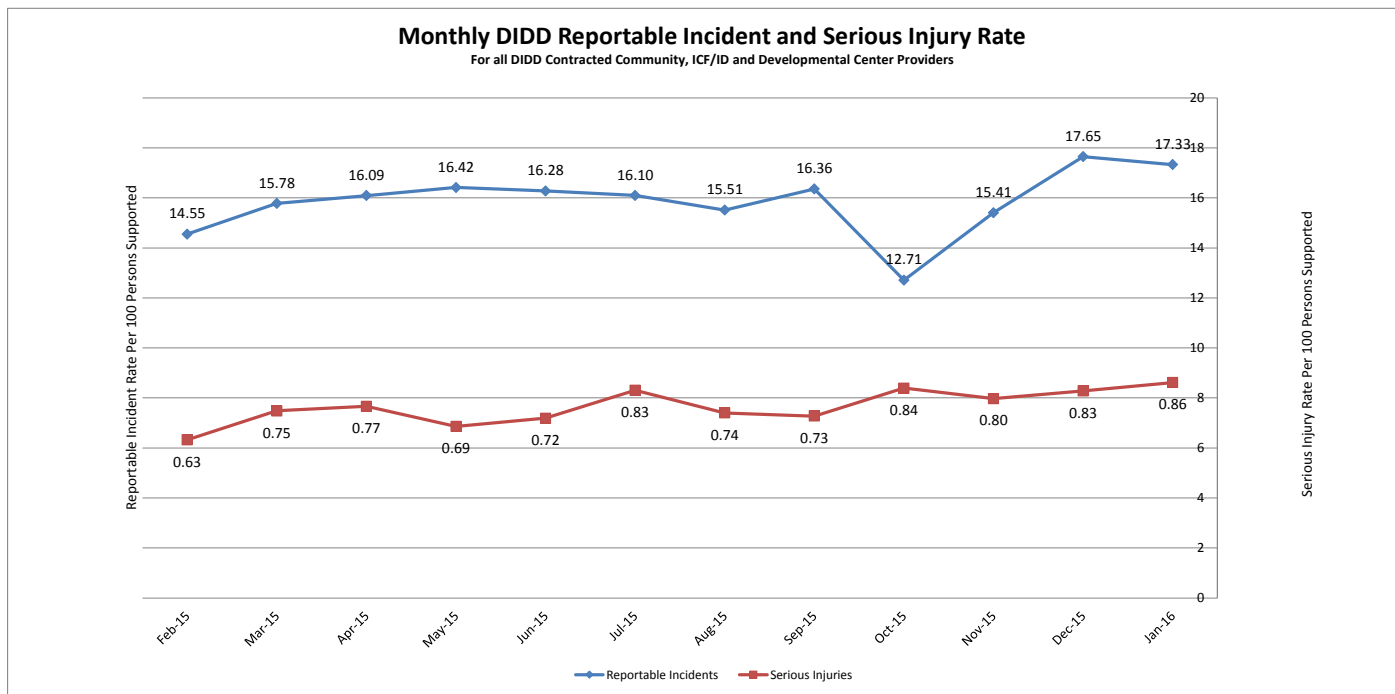
There were 15 complaint issues statewide. That is the same amount as the previous month, March. There were ZERO SD Waiver complaints. There were 11 CAC waiver complaints. There were 4 Statewide Waiver complaints. The issues were Behavioral, Human Rights and Staffing related. These issues were resolved without intervention meetings. There were 73 complaint issues between families, people we support and providers which required Advocacy intervention activities. This is an increase of 2 from March, 2016. The most common intervention issues are resolved when there is a face to face meeting with all involved and solutions are sought in a person centered manner. All 15 complaints this month were resolved within 30 days for 100% compliance.

THE MAIN COMPLAINT ISSUES involved staffing supervision, management of the services, transition and Human Rights issues. There was an increase in complaints concerning the delivery of behavior services. These complaints involved complainants being unhappy with providers who did not involve them in their decisions or untrained staff or poor levels of supervision. Most interventions were held due to ongoing communication issues between Conservators and Provider agencies. CFS also resolves issues that arise from the People Talking to People surveys.

FOCUS GROUPS WERE HELD IN KNOXVILLE, MEMPHIS, GREENEVILLE AND JACKSON PARTICIPATION NUMBERS ARE VERY HIGH IN ALL LOCATIONS. This month each group is working on self-advocacy. There is great team building with providers, staff, regional office staff, Behavioral analysts, ISCs and a few family members.

D Protection From Harm/Incident Management													
Data Source:													
The Incident Management information in this report is now based on the total D.I.D.D. Community Protection From Harm census, which is all D.I.D.D. service recipients in the community and all private ICF/MR service recipients who are currently required to report incidents to D.I.D.D.													
Through August 2009, only the West Region private ICF/MR providers were required to report. As of September 2009, the East Region ICF/MR providers were also required to report incidents to D.I.D.D., and the Middle Region ICF/MR providers started reporting to D.I.D.D. in February 2010.													
Incidents / East	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD
1 # of Reportable Incidents	559	590	538	527	535	518	454	467	618	635			5441
2 Rate of Reportable Incidents per 100 people	17.13	18.05	16.4	16.07	16.34	15.75	13.81	14.26	18.82	19.4			16.6
3 # of Serious Injuries	25	25	30	34	24	27	29	32	29	31			286
4 Rate of Incidents that were Serious Injuries per 100 people	0.77	0.76	0.91	1.04	0.73	0.82	0.88	0.98	0.88	0.95			0.9
5 # of Incidents that were Falls	31	37	31	34	24	38	33	33	25	45			331
6 Rate of Falls per 100 people	0.95	1.13	0.95	1.04	0.73	1.16	1	1.01	0.76	1.37			1.0
7 # of Falls resulting in serious injury	11	13	14	13	9	14	11	12	9	17			123
8 % of serious injuries due to falls	44.0%	52.0%	46.7%	38.2%	37.5%	51.9%	37.9%	37.5%	31.0%	54.8%			43.2%
Incidents / Middle	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD
15 # of Reportable Incidents	470	468	529	517	475	492	492	530	530	552			5055
16 Rate of Reportable Incidents per 100 people	14.83	14.67	16.58	16.21	14.84	15.37	15.34	16.57	16.55	17.23			15.8
17 # of Serious Injuries	25	18	25	32	22	21	22	23	26	28			242
18 Rate of Incidents that were Serious Injuries per 100 people	0.79	0.56	0.78	1.00	0.69	0.66	0.69	0.88	0.81	0.87			0.8
19 # of Incidents that were Falls	39	26	32	35	43	35	39	34	35	38			356
20 Rate of Falls per 100 people	1.23	0.82	1	1.10	1.34	1.09	1.22	1.06	1.09	1.19			1.1
21 # of Falls resulting in serious injury	13	6	10	12	15	10	12	10	9	14			111
22 % of serious injuries due to falls	52.0%	33.3%	40.0%	37.5%	68.2%	47.6%	54.5%	35.7%	34.6%	50.0%			45.3%
Incidents / West	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD
29 # of Reportable Incidents	401	401	382	390	373	452	390	376	429	362			3956
30 Rate of Reportable Incidents per 100 people	16.43	16.50	15.71	16.00	15.30	18.52	15.98	15.43	17.53	14.72			16.2
31 # of Serious Injuries	18	18	9	13	20	17	24	11	19	18			167
33 Rate of Incidents that were Serious Injuries per 100 people	0.74	0.74	0.37	0.53	0.82	0.7	0.98	0.45	0.78	0.73			0.7
37 # of Incidents that were Falls	21	28	21	28	29	24	27	0.26	23	17			218.26
39 Rate of Falls per 100 people	0.86	1.15	0.86	1.15	1.19	0.98	1.11	1.07	0.94	0.69			1.0
40 # of Falls resulting in serious injury	8	8	6	1	9	7	12	4	9	7			71
41 % of serious injuries due to falls	44.4%	44.4%	66.7%	7.7%	45.0%	41.2%	50.0%	36.4%	47.4%	38.9%			42.2%

D Protection From Harm/Incident Management													
Incidents / Statewide	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD
44 # of Reportable Incidents	1430	1459	1449	1434	1383	1462	1336	1373	1577	1549			14452
45 Rate of Reportable Incidents per 100 people	16.12	16.42	16.28	16.1	15.51	16.36	14.95	15.41	17.65	17.33			16.2
46 # of Serious Injuries	68	61	64	79	66	65	75	71	74	77			700
47 Rate of Incidents that were Serious Injuries per 100 people	0.77	0.69	0.72	0.89	0.74	0.73	0.84	0.8	0.83	0.86			0.8
48 # of Incidents that were Falls	91	91	84	97	96	97	99	93	83	100			931
49 Rate of Falls per 100 people	1.03	1.02	0.94	1.09	1.08	1.09	1.11	1.04	0.93	1.12			1.0
50 # of Falls resulting in serious injury	32	27	30	26	33	31	35	26	27	38			305
51 % of serious injuries due to falls	47.1%	44.3%	46.9%	32.9%	50.0%	47.7%	46.7%	36.6%	36.5%	49.4%			43.8%



PFH Analysis: Incident Management

Chart: Monthly Rate: Reportable Incidents and Serious Injuries.

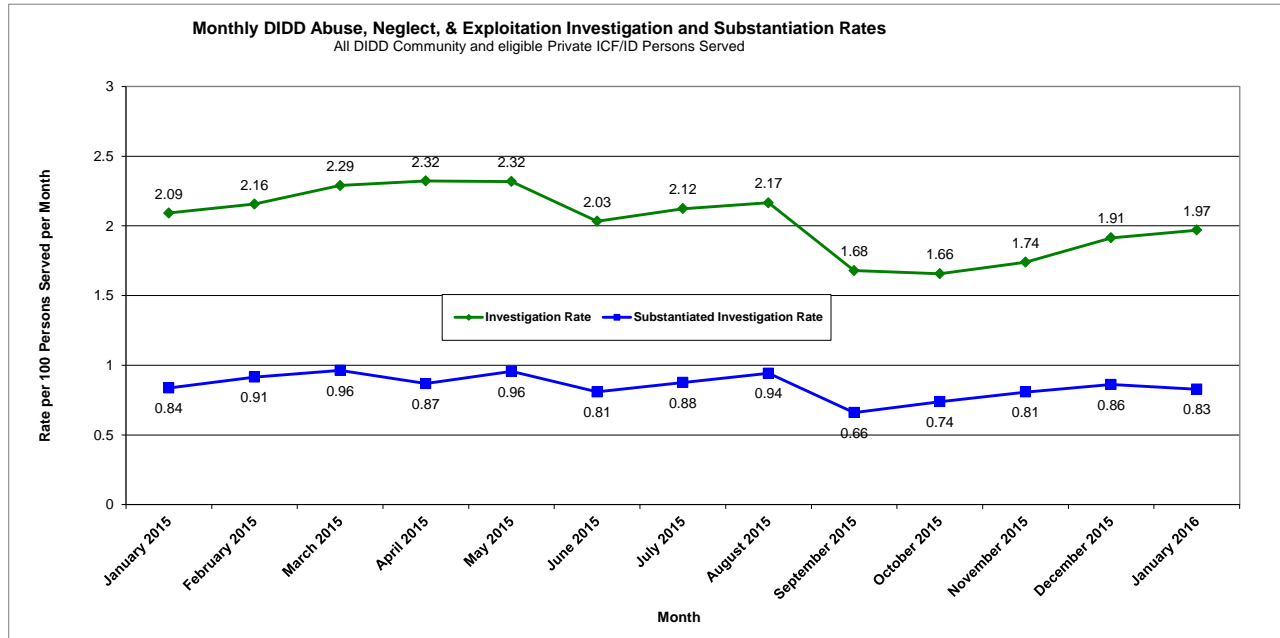
The monthly statewide rate of reportable incidents per 100 persons supported for March 2016 decreased from 17.65 to 17.33. The rate of Serious Injury per 100 persons supported increased from 0.83 to 0.86. The rate of Falls per 100 persons supported increased from 0.93 to 1.12. The number of Serious injuries due to Falls increased from 27 to 38. The percentage of Serious Injuries due to Falls was 49.4%.

Conclusions and actions taken for the reporting period:

The rate of reportable incidents per 100 persons supported for April 2014 – March 2016 was reviewed for an increasing or decreasing trend. The average reportable incident rate for the preceding period, April 2014 – March 2015, was 15.08 reportable incidents per 100 persons supported. The average reportable incident rate for the more recent period, April 2015 – March 2016, is 15.85 per 100 persons supported. Analysis showed an increase of 0.77 in the average incident rate.

D Protection From Harm/Investigations

	East Region	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
1	Census	3263	3268	3280	3280	3275	3288	3288	3275	3284	3273		
2	# of Investigations	65	69	57	61	55	47	39	51	68	52		
3	Rate of Investigations per 100 people	1.99	2.11	1.74	1.86	1.68	1.43	1.19	1.56	2.07	1.59		
4	# of Substantiated Investigations	23	28	22	22	27	19	13	25	34	17		
5	Rate of Substantiated Investigations per 100 people	0.70	0.86	0.67	0.67	0.82	0.58	0.40	0.76	1.04	0.52		
6	Percentage of Investigations Substantiated	35%	41%	39%	36%	49%	40%	33%	49%	50%	33%		
	Middle Region	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
7	Census	3170	3190	3191	3191	3201	3201	3202	3199	3203	3204		
8	# of Investigations	78	67	64	71	64	54	61	51	52	69		
10	Rate of Investigations per 100 people	2.46	2.10	2.01	2.23	2.00	1.69	1.91	1.59	1.62	2.15		
11	# of Substantiated Investigations	30	28	28	31	33	25	32	27	26	37		
12	Rate of Substantiated Investigations per 100 people	0.95	0.88	0.88	0.97	1.03	0.78	1.00	0.84	0.81	1.15		
13	Percentage of Investigations Substantiated	38%	42%	44%	44%	52%	46%	52%	53%	50%	54%		
	West Region	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
14	Census	2440	2430	2431	2431	2438	2441	2441	2437	2447	2460		
7/30/2014	# of Investigations	63	70	60	57	74	49	48	53	51	55		
16	Rate of Investigations per 100 people	2.58	2.88	2.47	2.34	3.04	2.01	1.97	2.17	2.08	2.24		
17	# of Substantiated Investigations	24	29	22	25	24	15	21	20	17	20		
18	Rate of Substantiated Investigations per 100 people	0.98	1.19	0.90	1.03	0.98	0.61	0.86	0.82	0.69	0.81		
19	Percentage of Investigations Substantiated	38%	41%	37%	44%	32%	31%	44%	38%	33%	36%		
	Statewide	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
20	Census	8873	8888	8902	8902	8914	8935	8936	8911	8934	8937		
21	# of Investigations	206	206	181	189	193	150	148	155	171	176		
22	Rate of Investigations per 100 people	2.32	2.32	2.03	2.12	2.17	1.68	1.66	1.74	1.91	1.97		
23	# of Substantiated Investigations	77	85	72	78	84	59	66	72	77	74		
24	Rate of Substantiated Investigations per 100 people	0.87	0.96	0.81	0.88	0.94	0.66	0.74	0.81	0.86	0.83		
25	Percentage of Investigations Substantiated	37%	41%	40%	41%	44%	39%	45%	46%	45%	42%		



D	Protection From Harm/Investigations
Analysis:	
<div> <div>PFH Analysis: Investigations</div> <div> <div>Chart: Monthly Rates: Investigations Opened/Substantiated</div> <div> <p>During the month of March, 2016, 176 investigations were completed across the State. Fifty-two (52) of these originated in the East Region, sixty-nine (69) in the Middle Region, and fifty-five (55) in the West Region.</p> <p>Statewide, investigations were opened at a rate of 1.97 investigations per 100 people served, which is a slight increase from the previous month. The East Region opened investigations at a rate of 1.59 investigations per 100 people served. The Middle Region opened investigations at a rate of 2.15 investigations per 100 people served. The West Region opened investigations at a rate of 2.24 per 100 people served. The West Region opened investigations at a higher rate this month. Previously the West Region has consistently opened investigations at a higher rate.</p> <p>Seventy-four (74), or 42%, of the 176 investigations opened statewide in March, 2016, were substantiated for abuse, neglect, or exploitation. This was a slight decrease compared to the prior reporting period, which was 45%. The East Region substantiated the lowest percentage of investigations 33% (17 substantiated investigations), compared to the 36% substantiated in the West Region (20 substantiated investigations) and the 54% substantiated in the Middle Region (37 substantiated investigations). The West Region had the lowest number of substantiated investigations in the previous reporting month, at 14.</p> <p>These substantiations reflect that the statewide rate of substantiated investigations per 100 people served was 0.83 during March, 2016. The Middle Region substantiated investigations at the highest rate per 100 substantiating 1.15 investigations per 100 people served. The Middle Region showed a slight increase from 0.81 to 1.15. The West Region substantiated investigations at a rate of 0.81 per 100 people served in its region. The West region showed a slight increase from 0.69 to 0.81. The East Region substantiated investigations at a rate of 0.52 per 100 people served in its region. The East Region showed a slight decrease from 1.04 to 0.52.</p> </div> </div> </div>	

E Due Process / Freedom of Choice													
Data Source:													
Each Regional Office Appeals Director collects data regarding Grier related appeals. The DIDD Central Office Grier Coordinator maintains the statewide database regarding the specifics of the Grier related appeals. The appeals/due process data will now be provided using a time lag of 30 days in order to capture closure of the appeals process.													
	East Region	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
1	SERVICE REQUESTS												
2	Total Service Requests Received	2667	2663	2620	2449	2539	2285	2625	2436	2689	2876		
3	Total Adverse Actions (Incl. Partial Approvals)	67	76	75	52	54	67	71	65	74	116		
4	% of Service Requests Resulting in Adverse Actions	3%	3%	3%	2%	2%	3%	3%	3%	3%	4%		
5	Total Grier denial letters issued	53	53	47	36	34	38	49	30	37	56		
6	APPEALS RECEIVED												
7	DELIVERY OF SERVICE												
8	Delay	0	0	0	1	1	0	0	0	0	0		
9	Termination	0	0	0	0	0	0	0	0	1	0		
10	Reduction	0	0	0	0	0	0	0	0	0	0		
11	Suspension	0	0	0	0	0	0	0	0	0	0		
12	Total Received	0	0	0	1	1	0	0	0	1	0		
13	DENIAL OF SERVICE												
14	Total Received	3	1	2	8	1	3	2	0	2	5		
7/30/2014	Total Grier Appeals Received	3	1	2	9	2	3	2	0	3	5		
16	Total Non-Grier Appeals Received	1	0	0	2	0	1	0	0	0	0		
17	Total appeals overturned upon reconsideration	0	0	0	0	0	0	0	0	0	0		
18	TOTAL HEARINGS	3	2	4	3	1	5	7	2	4	2		
19	DIRECTIVES												
20	Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0	0		
21	Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0	0	0	0		
22	Other	0	0	0	0	0	0	1	0	0	1		
23	Total Directives Received	0	0	0	0	0	0	1	0	0	1		
24	Overturned Directives	0	0	0	0	0	0	0	0	0	0		
25	MCC Directives	0	0	0	0	0	0	0	0	0	0		
26	Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
27	LATE RESPONSES												
28	Total Late Responses	0	0	0	0	0	0	0	0	0	0		
29	Total Days Late	0	0	0	0	0	0	0	0	0	0		
30	Total Fines Accrued (Estimated)	0	0	0	0	0	0	\$0.00	\$0.00	0	\$0.00		
31	DEFECTIVE NOTICES												
32	Total Defective Notices Received	0	0	0	0	0	0	0	0	0	0		
33	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
34	*fine amount is based on timely responses									0	0		
35	PROVISION OF SERVICES												
36	Delay of Service Notifications Sent (New)	0	0	3	2	0	0	0	0	4	0		
37	Continuing Delay Issues (Unresolved)	0	0	0	1	1	1	0	1	1	5		

38	Total days service(s) not provided per TennCare ORR	0	0	0	132	0	0	0	4	0	0		
39	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$102,635	\$0	\$0	\$0	\$2,000	\$0	\$0		

	Middle Region	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
40	SERVICE REQUESTS												
41	Total Service Requests Received	2558	2217	2191	2084	2289	2617	2621	2731	2868	3175		
42	Total Adverse Actions (Incl. Partial Approvals)	73	87	46	32	74	124	104	127	200	155		
43	% of Service Requests Resulting in Adverse Actions	3%	4%	2%	2%	3%	5%	4%	5%	7%	5%		
44	Total Grier denial letters issued	46	63	40	34	32	41	41	31	58	75		
45	APPEALS RECEIVED												
46	DELIVERY OF SERVICE												
47	Delay	1	0	0	0	0	0	0	1	0	1		
48	Termination	0	0	0	0	0	0	0	0	0	0		
49	Reduction	0	0	0	0	0	0	0	0	0	0		
50	Suspension	0	0	0	0	0	0	0	0	0	0		
51	Total Received	1	0	0	0	0	0	0	1	0	1		
52	DENIAL OF SERVICE												
53	Total Received	8	3	0	2	1	1	2	3	6	8		
54	Total Grier Appeals Received	9	3	0	2	1	1	2	4	6	9		
55	Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0	0	0		
56	Total appeals overturned upon reconsideration	0	2	0	0	0	0	0	0	3	2		
57													
58	TOTAL HEARINGS	0	2	1	1	1	2	1	3	3	3		
59	DIRECTIVES												
60	Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0	0		
61	Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0	1	0	1		
62	Other	0	0	0	0	0	0	0	0	0	0		
63	Total Directives Received	0	0	0	0	0	0	0	1	0	1		
64	Overturned Directives	0	0	0	0	0	0	0	0	0	0		
65	MCC Directives	0	0	0	0	0	0	0	0	0	0		
66	Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
67	LATE RESPONSES												
68	Total Late Responses	0	0	0	0	0	0	0	0	0	0		
69	Total Days Late	0	0	0	0	0	0	0	0	0	0		
70	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
71	DEFECTIVE NOTICES												
72	Total Defective Notices Received	0	0	0	0	0	0	0	0	0	0		
73	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
74	*fine amount is based on timely responses										0		
75	PROVISION OF SERVICES												
76	Delay of Service Notifications Sent (New)	0	0	0	0	0	0	2	1	0	1		
77	Continuing Delay Issues (Unresolved)	0	0	0	0	0	0	1	0	0	0		
78	Total days service(s) not provided per TennCare ORR	0	0	0	0	0	0	11	1	0	0		
79	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$6,378	\$500	\$0	\$0		

	West Region	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
80	SERVICE REQUESTS												
81	Total Service Requests Received	2426	2327	2578	2183	2425	1780	1909	1690	2065	1641		
82	Total Adverse Actions (Incl. Partial Approvals)	231	137	116	166	146	101	100	141	131	119		
83	% of Service Requests Resulting in Adverse Actions	10%	6%	5%	8%	6%	6%	5%	8%	6%	7%		
84	Total Grier denial letters issued	125	117	105	115	96	91	85	63	107	88		
85	APPEALS RECEIVED												
86	DELIVERY OF SERVICE												
87	Delay	0	0	0	0	0	0	0	0	0	0		
88	Termination	0	0	0	0	0	0	0	0	0	0		
89	Reduction	0	0	0	0	0	0	0	0	0	0		
90	Suspension	0	0	0	0	0	0	0	0	0	0		
91	Total Received	0	0	0	0	0	0	0	0	0	0		
92	DENIAL OF SERVICE												
93	Total Received	10	12	11	5	7	7	9	3	2	1		
94	Total Grier Appeals Received	10	12	11	5	7	7	9	3	2	1		
95	Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0	0	0		
96	Total appeals overturned upon reconsideration	3	4	5	4	3	1	6	3	1	0		
97	TOTAL HEARINGS	2	4	9	5	4	2	6	2	2	1		
98	DIRECTIVES												
99	Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0	0		
100	Directive due to ALJ Ruling in Recipient's Favor	2	1	0	0	0	0	0	0	0	0		
101	Other	0	0	2	0	0	0	0	0	0	0		
102	Total Directives Received	2	1	2	0	0	0	0	0	0	0		
103	Overturned Directives	0	0	0	0	0	0	0	0	0	0		
104	MCC Directives	0	0	0	0	0	0	0	0	0	0		
105	Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
106	LATE RESPONSES												
107	Total Late Responses	0	0	0	0	0	0	0	0	0	0		
108	Total Days Late	0	0	0	0	0	0	0	0	0	0		
109	Total Fines Accrued (Estimated)	0	0	0	0	0	0	\$0.00	\$0.00	0	\$0.00		
110	DEFECTIVE NOTICES												
111	Total Defective Notices Received	0	0	0	0	0	0	0	0	0	0		
112	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
113	*fine amount is based on timely responses												
114	PROVISION OF SERVICES												
115	Delay of Service Notifications Sent (New)	2	0	1	2	3	3	1	2	6	4		
116	Continuing Delay Issues (Unresolved)	1	3	2	2	2	4	4	2	3	4		
117	Total days service(s) not provided per TennCare ORR	0	0	0	0	0	0	0	0	0	0		
118	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		

	Statewide	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
119	SERVICE REQUESTS												
120	Total Service Requests Received	7651	7207	7389	6716	7253	6682	7155	6857	7622	7692		
121	Total Adverse Actions (Incl. Partial Approvals)	371	300	237	250	274	292	275	333	405	390		
122	% of Service Requests Resulting in Adverse Actions	5%	4%	3%	4%	4%	4%	4%	5%	5%	5%		
123	Total Grier denial letters issued	224	233	192	185	162	170	175	124	202	219		
124	APPEALS RECEIVED												
125	DELIVERY OF SERVICE												
126	Delay	1	0	0	1	1	0	0	1	0	1		
127	Termination	0	0	0	0	0	0	0	0	1	0		
128	Reduction	0	0	0	0	0	0	0	0	0	0		
129	Suspension	0	0	0	0	0	0	0	0	0	0		
130	Total Received	1	0	0	1	1	0	0	1	1	1		
131	DENIAL OF SERVICE												
132	Total Received	21	16	13	15	9	11	13	6	10	14		
133	Total Grier Appeals Received	22	16	13	16	10	11	13	7	11	15		
134	Total Non-Grier Appeals Received	1	0	0	2	0	1	0	0	0	0		
135	Total appeals overturned upon reconsideration	3	6	5	4	3	1	6	3	4	2		
136	TOTAL HEARINGS	5	6	10	6	6	9	14	7	9	6		
137	DIRECTIVES												
138	Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0	0		
139	Directive due to ALJ Ruling in Recipient's Favor	2	1	0	0	0	0	0	1	0	1		
140	Other	0	0	2	0	0	0	1	0	0	1		
141	Total Directives Received	2	1	2	0	0	0	1	1	0	2		
142	Overturned Directives	0	0	0	0	0	0	0	0	0	0		
143	MCC Directives	0	0	0	0	0	0	0	0	0	0		
144	Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
145	Cost Avoidance (Total Month-Estimated)	\$0	\$0	\$68,345	\$106,892	\$65,179	\$2,187	\$7,391	\$47,584	\$331,794	\$139,447		
146	Cost Avoidance (FY 2016-Estimated)	\$1,011,891	\$1,011,891	\$97,672	\$204,563	\$269,743	\$271,929	\$279,321	\$326,905	\$658,698	\$798,145		
147	LATE RESPONSES												
148	Total Late Responses	0	0	0	0	0	0	0	0	0	0		
149	Total Days Late	0	0	0	0	0	0	0	0	0	0		
150	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0	\$0.00		
151	Total Defective Notices Received	0	0	0	0	0	0	0	0	0	0		
152	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
153	*fine amount is based on timely responses												
154	PROVISION OF SERVICES												
155	Delay of Service Notifications Sent (New)	2	0	4	4	3	3	3	3	10	5		
156	Continuing Delay Issues (Unresolved)	1	3	2	3	3	5	5	3	4	9		

157	Total days service(s) not provided per TennCare ORR	0	0	0	132	0	0	11	5	0	0		
158	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$102,635	\$0	\$0	\$6,378	\$2,500	\$0	\$0		

Appeals:

The DIDD received 15 appeals in March compared to 11 received in February, which is a 36.4% increase in volume. Fiscal Year 2015 averaged 15.6 appeals received per month.

The DIDD received 7692 service requests in March compared to 7622 for the previous month, which is an increase of .9% in volume. The average of service requests received during Fiscal Year 2015 was 7227 per month, indicating that March experienced a 6.4% increase in volume based on this average.

5% of service plans were denied statewide in March, which is the same as the previous month. The average of service plans denied per month during Fiscal Year 2015 was 4.3%.

Directives:

2 directives were received statewide during this month. The Middle Region received a directive to provide SL4-IND from 11/7/15-11/6/16, due to the Administrative Law Judge ruling in favor of the person. The region had offered SL4-2 as the medically necessary alternative. The East Region received a directive to provide 288 units of BEH ANLYST and 20 units of BA PRES from 3/31/16-3/30/17. TennCare had overturned the region's denial, based on their medical necessity review.

Cost Avoidance:

March experienced a cost avoidance of \$139,446.64. Statewide, total cost avoidance is \$798,144.91 for this fiscal year.

Sanction/Fines:

There were no sanctioning/fining issues statewide during this month.

Delay of Service:

See above.

F Provider Qualifications / Monitoring (II.H., II.K.)

Data Source:

The information contained in this section comes from the Quality Assurance Teams. The numbers in each column represents the number of provider agencies that scored either substantial compliance, partial compliance, minimal compliance or non-compliance.

Day and Residential Provider		Statewide				Cumulative / Statewide			
1	# of Day and Residential Providers Monitored this Month	14				45			
2	Total Census of Providers Surveyed	695				1634			
3	# of Sample Size	94				259			
4	% of Individuals Surveyed	14%				16%			
	# of Additional Focused Files Reviewed	0				0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
7	Domain 2: Individual Planning and Implementation								
8	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	100%	0%	0%	0%	91%	6%	2%	0%
9	Outcome B. Services and supports are provided according to the person's plan.	85%	14%	0%	0%	68%	24%	4%	2%
11	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	78%	21%	0%	0%	68%	26%	2%	2%
12	Domain 3: Safety and Security								
13	Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	86%	13%	0%	0%
14	Outcome B. The person has a sanitary and comfortable living arrangement.	92%	7%	0%	0%	93%	6%	0%	0%
###	Outcome C. Safeguards are in place to protect the person from harm.	57%	42%	0%	0%	44%	51%	4%	0%
16	Domain 4: Rights, Respect and Dignity								
17	Outcome A. The person is valued, respected and treated with dignity.	100%	0%	0%	0%	97%	2%	0%	0%
19	Outcome C. The person exercises his or her rights.	100%	0%	0%	0%	100%	0%	0%	0%
20	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	92%	7%	0%	0%	76%	14%	7%	2%
21	Domain 5: Health								
22	Outcome A. The person has the best possible health.	76%	23%	0%	0%	75%	22%	2%	0%
23	Outcome B. The person takes medications as prescribed.	57%	42%	0%	0%	53%	37%	6%	2%
24	Outcome C. The person's dietary and nutritional needs are adequately met.	92%	7%	0%	0%	93%	6%	0%	0%
25	Domain 6: Choice and Decision-Making								
26	Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	97%	2%	0%	0%
27	Outcome B. The person and family members have information and support to make choices about their lives.	100%	0%	0%	0%	100%	0%	0%	0%
28	Domain 7: Relationships and Community Membership								
29	Outcome A. The person has relationships with individuals who are not paid to provide support.	100%	0%	0%	0%	100%	0%	0%	0%
30	Outcome B. The person is an active participant in community life rather than just being present.	100%	0%	0%	0%	100%	0%	0%	0%
32	Domain 8: Opportunities for Work								
33	Outcome A. The person has a meaningful job in the community.	100%	0%	0%	0%	100%	0%	0%	0%
34	Outcome B. The person's day service leads to community employment or meets his or her unique needs.	92%	7%	0%	0%	93%	6%	0%	0%
35	Domain 9: Provider Capabilities and Qualifications								
36	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	85%	14%	0%	0%	68%	26%	4%	0%
37	Outcome B. Provider staff are trained and meet job specific qualifications.	71%	28%	0%	0%	68%	28%	2%	0%

	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	71%			28%	68%			31%
38	Outcome C. Provider staff are adequately supported.	71%	28%	0%	0%	62%	35%	2%	0%
39	Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	100%	0%	0%	0%	97%	2%	0%	0%
40	Domain 10: Administrative Authority and Financial Accountability								
41	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	85%	14%	0%	0%	62%	33%	4%	0%
42	Outcome B. People's personal funds are managed appropriately.	53%	38%	7%	0%	48%	38%	10%	2%

	Personal Assistance	Statewide				Cumulative / Statewide			
43	# of Personal Assistance Providers Monitored this Month	1				3			
44	Total Census of Providers Surveyed	99				174			
45	# of Sample Size	11				20			
46	% of Individuals Surveyed	11%				11%			
47	# of Additional Focused Files Reviewed	0				0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
	Domain 2. Individual Planning and Implementation								
48	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	100%	0%	0%	0%	100%	0%	0%	0%
49	Outcome B. Services and supports are provided according to the person's plan.	0%	100%	0%	0%	66%	33%	0%	0%
50	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	100%	0%	0%	0%	100%	0%	0%	0%
51	Domain 3: Safety and Security								
52	Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	100%	0%	0%	0%
53	Outcome C. Safeguards are in place to protect the person from harm.	0%	100%	0%	0%	0%	100%	0%	0%
54	Domain 4: Rights, Respect and Dignity								
55	Outcome A. The person is valued, respected and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
56	Outcome C. The person exercises his or her rights.	100%	0%	0%	0%	100%	0%	0%	0%
57	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.					100%	0%	0%	0%
58	Domain 5: Health								
59	Outcome A. The person has the best possible health.	100%	0%	0%	0%	100%	0%	0%	0%
60	Outcome B. The person takes medications as prescribed.					100%	0%	0%	0%
61	Outcome C. The person's dietary and nutritional needs are adequately met.	100%	0%	0%	0%	100%	0%	0%	0%
62	Domain 6: Choice and Decision-Making								
63	Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
64	Outcome B. The person and family members have information and support to make choices about their lives.	100%	0%	0%	0%	100%	0%	0%	0%
65	Domain 9: Provider Capabilities and Qualifications								
66	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	100%	0%	0%	0%	100%	0%	0%	0%
67	Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	66%	33%	0%	0%
68	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	100%			0%	66%			33%
69	Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	66%	33%	0%	0%
70	Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	100%	0%	0%	0%	100%	0%	0%	0%
71	Domain 10: Administrative Authority and Financial Accountability								
72	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	66%	33%	0%	0%

I Provider Qualifications / Monitoring (II.H., II.K.)

ISC Providers		Statewide				Cumulative / Statewide			
73	# of ISC Providers Monitored this Month								
74	Total Census of Providers Surveyed								
75	# of Sample Size								
76	% of Individuals Surveyed								
77	# of Additional Focused Files Reviewed								
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-compliance %
78	Domain 1: Access and Eligibility								
79	Outcome A. The person and family members are knowledgeable about the HCBS waiver and other services, and have access to services and choice of available qualified providers.								
80	Domain 2: Individual Planning and Implementation								
81	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.								
82	Outcome B. Services and supports are provided according to the person's plan.								
83	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.								
84	Domain 3: Safety and Security								
85	Outcome A. Where the person lives and works is safe.								
86	Outcome B. The person has a sanitary and comfortable living arrangement.								
87	Outcome C. Safeguards are in place are in place to protect the person from harm.								
88	Domain 9: Provider Capabilities and Qualifications								
89	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.								
90	Outcome B. Provider staff are trained and meet job specific qualifications.								
91	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.								
92	Outcome C. Provider Staff are adequately supported.								
93	Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.								
94	Domain 10: Administrative Authority and Financial Accountability								
95	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.								

I Provider Qualifications / Monitoring (II.H., II.K.)									
	Clinical Providers- Behavioral	Statewide				Cumulative / Statewide			
96	# of Clinical Providers Monitored for the month	3				10			
97	Total Census of Providers Surveyed	51				385			
98	# of Sample Size	12				57			
99	% of Individuals Surveyed	24%				15%			
100	# of Additional Focused Files Reviewed	0				0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
101	Domain 2: Individual Planning and Implementation								
102	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	66%	33%	0%	0%	40%	30%	30%	0%
103	Outcome B. Services and supports are provided according to the person's plan.	66%	33%	0%	0%	70%	20%	10%	0%
104	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	33%	66%	0%	0%	30%	70%	0%	0%
105	Domain 3: Safety and Security								
106	Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	100%	0%	0%	0%
107	Outcome C. Safeguards are in place to protect the person from harm.	100%	0%	0%	0%	90%	10%	0%	0%
108	Domain 4: Rights, Respect and Dignity								
109	Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
110	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	100%	0%	0%	0%	83%	0%	16%	0%
111	Domain 6: Choice and Decision-Making								
112	Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	90%	10%	0%	0%
113	Domain 9: Provider Capabilities and Qualifications								
114	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	33%	66%	0%	0%	40%	40%	20%	0%
115	Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	100%	0%	0%	0%
116	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.					100%			0%
117	Outcome C. Provider staff are adequately supported.					100%	0%	0%	0%
118	Domain 10: Administrative Authority and Financial Accountability								
119	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	100%	0%	0%	0%

Clinical Providers- Nursing		Statewide				Cumulative / Statewide			
120	# of Clinical Providers Monitored for the month								
121	Total Census of Providers Surveyed								
122	# of Sample Size								
123	% of Individuals Surveyed								
124	# of Additional Focused Files Reviewed								
		Sub. Comp. %	Partial Comp. %	Min. Comp. %	Non- Comp. %	Sub. Comp. %	Partial Comp. %	Min. Comp. %	Non- Comp. %
125	Domain 2: Individual Planning and Implementation								
126	Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.								
127	Outcome B. Services and supports are provided according to the person's plan.								
128	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.								
129	Domain 3: Safety and Security								
130	Outcome A. Where the person lives and works is safe.								
131	Outcome C. Safeguards are in place to protect the person from harm.								
132	Domain 4: Rights, Respect and Dignity								
133	Outcome A. The person is valued, respected, and treated with dignity.								
134	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.								
135	Domain 5: Health								
136	Outcome A. The person has the best possible health.								
137	Outcome B. The person takes medications as prescribed.								
138	Outcome C. The person's dietary and nutritional needs are adequately met.								
139	Domain 6: Choice and Decision-Making								
140	Outcome A. The person and family members are involved in decision-making at all levels of the system.								
141	Domain 9: Provider Capabilities and Qualifications								
142	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.								
143	Outcome B. Provider staff are trained and meet job specific qualifications.								
144	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.								
145	Outcome C. Provider staff are adequately supported.								
146	Domain 10: Administrative Authority and Financial Accountability								
147	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.								

Clinical Providers- Therapy		Statewide				Cumulative / Statewide			
148	# of Clinical Providers Monitored for the month	3				5			
149	Total Census of Providers Surveyed	109				211			
150	# of Sample Size	15				27			
151	% of Individuals Surveyed	14%				13%			
152	# of Additional Focused Files Reviewed	0				0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-compliance %
153	Domain 2: Individual Planning and Implementation								
154	Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.	33%	66%	0%	0%	20%	60%	20%	0%
155	Outcome B. Services and supports are provided according to the person's plan.	0%	66%	33%	0%	0%	60%	40%	0%
156	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	0%	100%	0%	0%	20%	80%	0%	0%
157	Domain 3: Safety and Security								
158	Outcome A. Where the person lives and works is safe.	66%	33%	0%	0%	80%	20%	0%	0%
159	Outcome C. Safeguards are in place to protect the person from harm.	66%	33%	0%	0%	60%	40%	0%	0%
160	Domain 4: Rights, Respect and Dignity								
161	Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
162	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.								
163	Domain 6: Choice and Decision-Making								
164	Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
165	Domain 9: Provider Capabilities and Qualifications								
166	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	33%	66%	0%	0%	20%	80%	0%	0%
167	Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	80%	20%	0%	0%
168	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	100%			0%	50%			50%
169	Outcome C. Provider staff are adequately supported.	0%	100%	0%	0%	50%	50%	0%	0%
170	Domain 10: Administrative Authority and Financial Accountability								
171	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	66%	33%	0%	0%	80%	20%	0%	0%

QA Summary for QM Report (thru 4/2016 data)**Performance Overview- Calendar Year 2016 Cumulative:**

Performance Level	Statewide	Day-Residential	Personal Assistance	Support Coordination	Behavioral	Nursing	Therapy
Exceptional Performance	21%	20%	33%	N/A	30%	N/A	N/A
Proficient	54%	53%	67%	N/A	50%	N/A	60%
Fair	24%	25%	N/A	N/A	20%	N/A	40%
Significant Concerns	1%	2%	N/A	N/A	N/A	N/A	N/A
Serious Deficiencies	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total # of Providers	63	45	3	N/A	5	N/A	5

Day / Residential Providers:

Analysis: Note- Statewide and Cumulative / Statewide data in the table above sometimes exceed or are just below 100% due to the numerical rounding functions during calculations.

Providers reviewed: East- Adult Community Training, Exceptional Enterprises, Helping Hands of Hawkins County, Lighthouse Independent Living, Sertoma Center; Middle- Community Options, Developmental Services of Dickson County, Reaching Visions Today, Waves; West- A+ Care Solutions, Faith Specialized Care Services, Meritan, Star Center.

East Region:

Exceptional Enterprises, Inc.: The 2016 QA survey resulted in the agency receiving a score of 52. This places them in the Proficient range of performance. Compared to their 2014 survey results, this is a 2-point decrease in compliance (54-exceptional in 2014). This decrease in compliance was specific to issues identified in Domain 9 (SC-PC).

The provider should focus efforts to ensure the following:

- Unannounced visits indicated the agency comply with DIDD requirements for Personal Assistance (PA) and Community Based Day (CB Day) services.

Personal funds accounts: of the 2 accounts reviewed, 0 contained issues.

Sertoma Center, Inc. The 2016 QA survey resulted in the agency receiving a score of 52. This places them in the Proficient range of performance. Compared to their 2014 survey results, this is a 2-point decrease in compliance (54-exceptional in 2014). This decrease in compliance was specific to issues identified in Domain 5 (SC-PC).

The provider should focus efforts to ensure the following:

- Needed health care services and supports are provided.
- The person's record adequately reflects all the medications taken by the person.
- Ensure policies and procedures for storage and disposal of medications are followed.

Personal funds accounts: of the 10 accounts reviewed, 0 contained issues.

Lighthouse Independent Living, Inc. The 2016 QA survey resulted in the agency receiving a score of 46. This places them in the Fair range of performance. Compared to their 2015 survey results, this is an 8-point Increase in compliance (38-fair in 2015). This Increase in compliance was specific to improvements identified in Domains 3 (MC-PC), 4 (PC-SC), 8 (PC-SC) and 10 (PC-SC).

The provider should focus efforts to ensure the following:

- The person and family members are active participants in developing and revising the plan.
- A process for reviewing and monitoring the plan and progress toward desired goals is implemented.
- Documentation indicates appropriate monitoring of the plan's implementation.
- A system of inspection and maintenance of vehicles used for transportation is implemented.
- Incidents are reported as required by DIDD.
- Needed health care services and supports are provided.
- Medication administration records are appropriately maintained.
- A monitoring process is implemented to assure that dietary and nutritional needs are adequately met.
- An effective self-assessment process is utilized to monitor the quality and effectiveness of the supports and services.
- A quality improvement planning process is implemented to address the findings of all self-assessment activities.

A Risk Management referral letter was sent to the provider on April 25, 2016 due to issues with day service billing.

Personal funds accounts: of the 4 accounts reviewed, 1 contained issues.

The provider should focus efforts to ensure the following:

- Receipts are maintained as required.
- Logs are maintained as required.
- Burial policies and Leases are maintained as required.

Adult Community Training: The 2016 QA survey resulted in the agency receiving a score of 52. This places them in the Exceptional range of performance. Compared to their 2015 survey results, this is a 2-point increase in compliance (50-proficient in 2015). This increase in compliance was specific to improvements identified in Domain 5 (PC-SC).

Personal funds accounts: of the 5 accounts reviewed, 2 contained issues.

The provider should focus efforts to ensure the following:

- Receipts are maintained as required.
- Logs are maintained as required.
- Signors on bank accounts are employees of the provider.

Helping Hands of Hawkins County, Inc. (dba Chip Hale Center): The 2016 QA survey resulted in the agency receiving a score of 52. This places them in the Proficient range of performance. Compared to their 2015 survey results, this is a 2-point increase in compliance (50-proficient in 2015). This increase in compliance was specific to improvements identified in Domain 3 (PC-SC) and 8 (PC-SC). Also, it was noted that Domain 5 decreased from a SC to a PC in 2016.

The provider should focus efforts to ensure the following:

- Needed health care services and supports are provided.
- Health care services and supports are coordinated among providers and family members.

Personal funds accounts: of the 4 accounts reviewed, 0 contained issues.

Middle Region:

Waves: Scored 50 Proficient on the 2016 QA Survey. Scored 46 Fair on the 2015 QA Survey.

- Domains 3 and 9 had increases in the past year.
- Personnel was 88% compliant or above.
- Training was 92% compliant or above.
- Domain 10 – Small billing issues were noted for four eight individuals reviewed due to lack of documentation of PA services, Community Based Day services not documenting six hours in the community, and billing for Residential services when the individual was at camp.
- Personal Funds Management – Small issues were identified for four of the four individuals reviewed due to lack of maintenance of receipts.

Two of the four individuals' bank accounts were over the maximum allowable amount established by the Social Security Administration and HCBS Waiver guidelines for ten months.

Reaching Visions Today- Scored 38 Fair on the QA Survey. Scored 50 Proficient on the 2015 QA Survey

- Domains 2, 3, 4, 5, 9 and 10 had decreases in the past year
- Domain 2 – Issues were identified with Risk Issues Identification Tools not being completed timely, and residential and community/employment notes not present for one month for two individuals. Monthly reviews were verbatim for one individual and issues with an ISP were not communicated to the ISC.
- Domain 3 – Scored Minimal Compliance due to Reportable Incident forms not being completed, notification not occurring of Reportable Incidents, investigations not being addressed by the Incident Management Committee, no evidence of required retraining, and no evidence of a process to review and resolve Reportable Staff Misconduct cases. There was a 24 hour delay with the presentation of Incident Review Committee information after requested. Upon review there were eight meetings that occurred on the weekend. Management staff interviewed during the survey had no recollection of the committee ever meeting on the weekend.
- Personnel checks were completed too early for one of the four new employees reviewed; a sanction will occur.
- Domain 4 – Reviews by the HRC had not occurred for increases of medications or food being locked.
- Domain 5 – Issues were identified with staff administering medications during a lapse in medication administration certification.
- Domain 9 – Evidence of self-assessment activities and a Quality Improvement Plan were not available.
- Training was completed timely with the exception of Medication Administration training. A sanction will occur.
- Domain 10 – Scored Minimal Compliance due to billing issues for the individuals reviewed across day and residential services. A referral to Risk Management is requested.
- Personal Funds- For four of the four individuals reviewed, personal funds management issues were noted due to the lack of maintenance of receipts, late fees being assessed, maintenance fees and paying a companion with no record of the purchases made.

Community Options- Day/Res: Scored 48 Proficient on the 2016 QA Survey. Scored 42 Fair on the 2015 QA Survey.

- Domains 3 and 4 had increases in the past year.
- Domain 3- Criminal Background and Registry checks were completed for the 47 new hires with a 97% compliance rating.
- Domain 9- There were no issues with training for the new hires or tenured staff reviewed.
- Domain 10- Issues with billing were identified for the 5 individuals reviewed due to lack of documentation of six hours of Community Day services, lack of documentation of Supported Employment and lack of the second staff required for Supported Living Level 4 services; recoupment occurred.
- Personal Funds Management – For three of the five people reviewed, small personal funds management issues were identified due to lack of maintenance of receipts and payment for pest control.

Developmental Services of Dickson County – The agency chose not to have an exit conference.

Scored 50 Proficient on the 2016 QA Survey. Scored 52 Proficient on the 2015 QA Survey.

- Domain 3 had decreases in the past year. Issues were identified with underreporting of emergency room and urgent care visits for three people.
- No issues with personnel
- No issues with training.
- Domain 10 – No billing issues were identified for the 11 individuals reviewed.
- Personal Funds Management – Small personal funds management issues were identified for four of the seven individuals reviewed due to lack of maintenance of receipts and payment for pest control.

West Region:

A+ Care Solutions – Residential/Day provider scored 50 of 54/Proficient on the QA survey.

- Compared to their 2015 survey results, this is a 2-point decrease in compliance (52-Exceptional in 2015).
- Improvement was identified in Domain 10 (PC – SC) but issues identified in Domains 2 and 3 prompted a decrease in compliance from SC to PC in each.
- The agency needs to ensure:
 - Timely background checks are completed for all new hires;
 - A DIDD exemption approval is received before allowing staff with a conviction listed in the Provider Agreement to work in a position of direct contact;
 - Timely HRC review and approval is present for all restrictions; and
 - Timely training is provided to all new hires.
- Outcome 10A, billing, scored SC.
- For the months reviewed for the nine people in the core sample, a few units of Day and SL were billed while one person was on a home visit. Due to the agency's Program Integrity status, a referral to Risk Management is pending.

Faith Specialized Care Services – Residential/Day provider scored 54 of 54/Exceptional Performance on the QA.

- The provider also scored 54/54 Exceptional Performance in the 2015 survey and in both 2015 and 2016 all indicators received a “yes” score.
- Personnel practices scored 100% for the 25 new hires; training for these new hires and for a sample of 11 tenured staff scored 100% in all areas but two which scored 96%.
- Outcome 10A, billing, scored SC. For the months reviewed for the four people in the core sample, no billing issues were noted.
- Regarding personal funds management, all four people reviewed are due to be reimbursed small amounts due to convenience store receipts containing insufficient detail and mathematical errors on logs.
- Outcome 10B, personal funds management, scored SC. For the seven people whose funds were reviewed, no need for reimbursement was identified.

Meritan – Residential/Day provider scored 52 of 54/Exceptional Performance on the QA survey.

- The provider also scored 52/54 with a Provider Performance Rating of Proficient due to a PC in Domain 9 in the 2015 survey. In 2016 Domain 9 increased from PC to SC but Domain 10 decreased from SC to PC.
- The agency needs to ensure:
 - A process is developed and implemented for maintaining required personnel and training information and evidence of RN supervision for PRN subcontracted LPNs; and
 - Adequate accounting procedures for personal funds management for people receiving Supported Living services are developed and implemented (this was Meritan's first year operating SL services).
- Outcome 10A, billing, scored SC.
 - For the months reviewed for the five people in the core sample, one unit of Day services was overbilled for one person; a letter of recoupment is pending.
- Outcome 10B, personal funds management, scored MC:
 - Finances for people receiving Supported Living and Medical Residential services were managed as if they received Family Model Residential services. A referral to Risk Management for a Personal Funds Audit is pending.

STAR Center – Day/PA provider scored 48 of 54/Proficient on the QA survey exited 4/15/16.

- Compared to their 2015 survey results, this is a 2-point decrease in compliance (50-Proficient 2015), specific to issues identified in Domain 9 (SC-PC); Domains 2 and 10 scored PC in both years.
- The agency needs to ensure:
 - Documentation includes start and end times of each service, allowing the provision of 6 hours of day service to be calculated;
 - Services are delivered as authorized; barriers are communicated to the ISC;
 - Background and registry checks are completed up to, but no more than, 30 days prior to the date of hire or appointment (a sanction for personnel practices is pending);
 - The self-assessment process is improved in the areas of documentation of day services, and training and personnel practices;
 - Training for tenured staff is provided timely with required evidence maintained; and
 - Supervision of staff providing PA services is completed and documented as required.
- Outcome 10A, billing, scored PC.
 - Documentation did not always reflect the provision of 6 hours of Day services for three of four people reviewed, and two instances of overbilling of PA services were noted for one person. A letter of recoupment is pending.

Personal Assistance: East- no reviews; Middle- no reviews; West- HCS Investors.

West Region:

HCS Investors – PA/Day provider scored 54 of 54/Exceptional Performance on the QA survey.

- The provider also scored 54/54 Exceptional Performance in the 2015 survey.
- The agency needs to ensure documentation is maintained to account for each unit of service authorized for a person.
- Outcome 10A, billing, scored SC.

For the months reviewed for the eight people in the core sample, one unit of PA services was overbilled on each of two days. Due to the agency's Program Integrity status, a referral to Risk Management is pending.

ISC Providers: no reviews.

Clinical Providers: Nursing-Behavioral-Therapies

Behavioral Providers Providers reviewed: East- no reviews; Middle- Angel Sutton; West- Applied Behavioral Diagnostics, Jason Grosser.

Middle Region:

Angel Sutton- Behavior: The exit was declined.

- Scored 36 Exceptional on the QA Survey. Scored 36 Exceptional on the 2015 QA Survey.
- No issues were identified in the past year.
- Domain 3- This is a single provider with no additional staff.
- Domain 10- There were no billing issues identified for the 4 individuals reviewed.

West Region:

Applied Behavioral Diagnostics – Independent, Board Certified provider of Behavior Services scored 32 of 36/Proficient on the QA survey.

- The provider was a 4-Star provider in 2014 and 2015.
- The agency needs to ensure:
 - BSPs, CSMRs and CSQRs meet the clinical quality criteria included in the DIDD Behavior Services Work Product Review; and
 - The self-assessment and quality improvement planning processes include review and remediation of the content of various clinical documents rather than only their presence or absence.
- Outcome 10A, billing, scored SC. For the months reviewed for the four people in the core sample, no billing issues were noted.

Jason Grosser – Independent, Board Certified provider of Behavior Services scored 32 of 36/Proficient on the QA survey exited 4/22/16.

- Compared to the 2015 survey results, this is a 4-point increase in compliance (28-Fair in 2015), specific to improvement identified in Domain 4 (MC-SC).
- The agency needs to ensure:
 - BSPs are implemented timely;
 - CSMRs, CSQRs and Clinical Service Annual Reviews meet the clinical quality criteria included in the DIDD Behavior Services Work Product Review;
 - The self-assessment and quality improvement planning processes include review and remediation of the content of various documents to ensure complete and accurate information is provided that reflects the effectiveness of services.
- Outcome 10A, billing, scored SC. For the months reviewed for the four people in the core sample, no billing issues were noted.

Nursing Providers:

Providers reviewed: East- no reviews; Middle- no reviews; West- no reviews.

Therapy Providers:

Providers reviewed East- no reviews; Middle- no reviews; West- Rebuild Rehabilitation.

East- no reviews; Middle- Communication Therapies, Full Circle Therapy; West- JSD Speech Pathology.

Middle Region:

Full Circle Therapy- Physical Therapy: Scored 28 Fair on the QA Survey. Scored 30 Fair on the 2015 QA Survey.

- Domain 3 decreased from Substantial to Partial Compliance.
- Outcome 2.B.- Scored Minimal Compliance due to plans not being implemented timely and services and supports were not received for two individuals reviewed. Issues were also identified time in/time out were not consistently documented, electronic signatures were post-dated, staff training was not documented, and staff instructions were not written by the PT.
- Domain 3- Decrease in the score due to delays obtaining therapy services, issues regarding the completion of staff training and the procurement of needed equipment or repairs to existing equipment.
- The agency had no new hires within the past year.
- Domain 9- Continues to show issues with self-assessment activities and supervision of the PTA.
- Domain 10- Billing issues were identified for 3 of the 4 individuals reviewed due to lack of timely supervision by the PT of the PTA and some contact notes either

Communication Therapies- Speech Therapy: Scored 32 Proficient on the QA Survey. Scored 32 Proficient on the 2015 QA Survey.

- Domain 3 increased and Domain 9 decreased in the past year.
- Outcome 2.B- For one person reviewed there was a six month lapse in services without adequate justification documented. Skilled therapy services and staff training documentation remained an issue.
- Domain 3- The agency had no new hires within the past year.
- Domain 9- The agency director did not address all of the components that are required for the self-assessment activities.
- Domain 10- There were no billing issues identified for the 7 individuals reviewed.

West Region:

JSD Speech Pathology – Independent provider of SLH services scored 34 of 36/Proficient on the QA survey.

- Compared to the 2015 survey results, this is a 2-point decrease in compliance (36-Exceptional in 2015) specific to issues identified in Domain 2 (SC-PC).
- The agency needs to ensure:
 - Baseline information is included in SL assessments;
 - Contact notes include notations regarding issue resolution and adaptive equipment utilized and consistently include the signature of staff/family present when services are provided; and
 - The ISC is informed of indicators of need for revision to the ISP and risks or barriers that may affect the provision of services.
- Outcome 10A, billing, scored SC. For the months reviewed for the four people in the core sample, no billing issues were noted.

Follow-up on actions taken:

All survey findings are reported to the RQMC for review and determination of actions to be taken. RQMC recommendations are then reviewed by the SQMC for final approval.

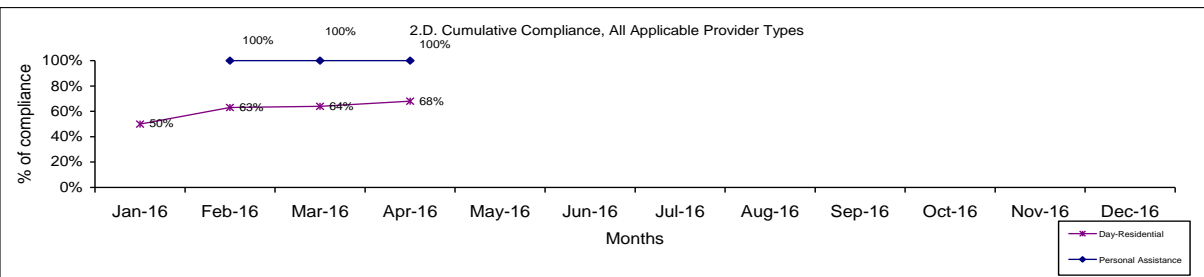
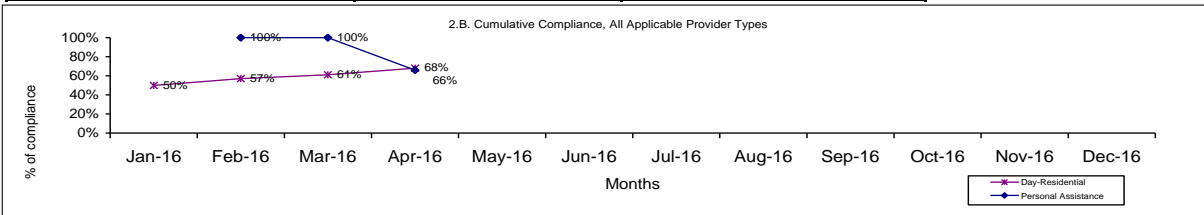
Special Reviews

Current Month:

Domain 2, Outcome B (Services and Supports are provided according to the person's plan.)

Domain 2, Outcome D (The person's plan and services are monitored for continued appropriateness and revised as needed.)

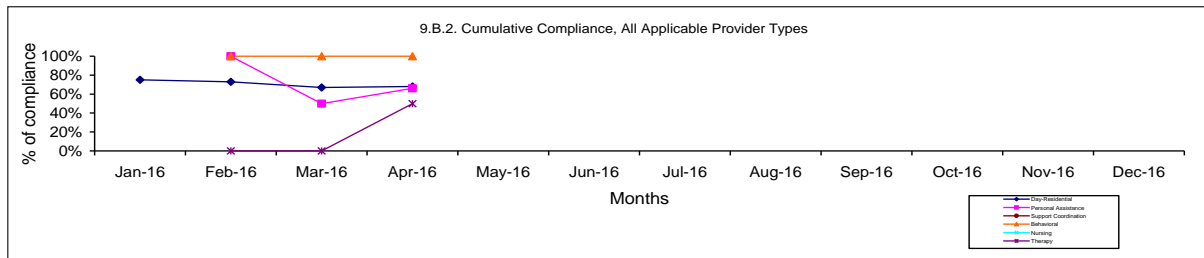
Provider Type	2.B. % of Providers in Compliance	2.D. % of Providers in Compliance
Day-Residential	85%	78%
Personal Assistance	0%	100%



Current Month:

9.B.2. (Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.)

Provider Type	% of Providers in Compliance
Day-Residential	71%
Personal Assistance	100%
Support Coordination	N/A
Behavioral	
Nursing	N/A
Therapy	100%



F Provider Qualifications / Monitoring (II.H., II.K.) Personal Funds

Data Source:

Data collected for the personal funds information is garnered from the annual QA survey. The number of Individual Personal Funds reviewed is based on the sample size for each survey, approximately 10%.

	Personal Funds - East	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	# of Individual Personal Funds Accounts Reviewed	5	14	25	25								
	# of Individual Personal Funds Accounts Fully Accounted For	4	7	23	22								
	# of Personal Funds Accounts Found Deficient	1	7	2	3								
	% of Personal Funds Fully Accounted for	80%	50%	92%	88%								
	% of Personal Funds Found Deficient	20%	50%	8%	12%								

	Personal Funds - Middle	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	# of Individual Personal Funds Accounts Reviewed		18	27	24								
	# of Individual Personal Funds Accounts Fully Accounted For		12	23	20								
	# of Personal Funds Accounts Found Deficient		6	4	4								
	% of Personal Funds Fully Accounted for		67%	85%	83%								
	% of Personal Funds Found Deficient		33%	15%	17%								

	Personal Funds - West	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	# of Individual Personal Funds Accounts Reviewed		12	6	15								
	# of Individual Personal Funds Accounts Fully Accounted For		12	4	12								
	# of Personal Funds Accounts Found Deficient		0	2	3								
	% of Personal Funds Fully Accounted for		100%	67%	80%								
	% of Personal Funds Found Deficient		0%	33%	20%								

	Personal Funds - Statewide	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	# of Individual Personal Funds Accounts Reviewed		44	58	64								
	# of Individual Personal Funds Accounts Fully Accounted For		31	50	54								
	# of Personal Funds Accounts Found Deficient		13	8	10								
	% of Personal Funds Fully Accounted for		70%	86%	84%								
	% of Personal Funds Found Deficient		30%	14%	16%								

	Cumulative Funds Data	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
	# of Individual Personal Funds Accounts Reviewed		50	108	172								
	# of Individual Personal Funds Accounts Fully Accounted For		36	86	140								
	# of Personal Funds Accounts Found Deficient		14	22	32								
	% Funds Accounted for, Cumulatively		72%	80%	81%								
	% Funds Deficient, Cumulatively		28%	20%	19%								

Region	% of Personal Funds Fully Accounted For
East	88%
Middle	83%
West	80%
Statewide	84%

